

ATC-20 Detailed Evaluation Safety Assessment Form

Inspection

Inspector ID: _____

Affiliation: _____

Inspection date and time: _____ ☐ AM ☐ PM

Final Posting

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- ☐ Inspected
☐ Restricted Use
☐ Unsafe

Building Description

Building name: _____

Address: _____

Building contact/phone: _____

Number of stories above ground: _____ below ground: _____

Approx. "Footprint area" (square feet): _____

Number of residential units: _____

Number of residential units not habitable: _____

Type of Construction

- | | |
|---|---|
| <input type="checkbox"/> Wood frame | <input type="checkbox"/> Concrete shear wall |
| <input type="checkbox"/> Steel frame | <input type="checkbox"/> Unreinforced masonry |
| <input type="checkbox"/> Tilt-up concrete | <input type="checkbox"/> Reinforced masonry |
| <input type="checkbox"/> Concrete frame | <input type="checkbox"/> Other: _____ |

Primary Occupancy

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other residential | <input type="checkbox"/> Offices | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Public assembly | <input type="checkbox"/> Industrial | <input type="checkbox"/> School |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Other: _____ | |

Evaluation

Investigate the building for the conditions below and check the appropriate column. There is room on the second page for a sketch.

	Minor/None	Moderate	Severe	Comments
Overall hazards:				
Collapse or partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural hazards:				
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofs, floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Columns, pilasters, corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diaphragms, horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls, vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nonstructural hazards:				
Parapets, ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cladding, glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceilings, light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior walls, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stairs, exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric, gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Geotechnical hazards:				
Slope failure, debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

General Comments: _____

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